#_3

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO REGEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 2944-365	DATE OF EACH. EXPENSE.	AMOUNT OF EACH EXPENSE
3852 TOPP2 St.N 2. V. NV. 88121	7	9/10/02	15 900.00 104 ARST)
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